

I023098

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By Certified Mail Return Receipt Requested 7010 1060 0002 3628 8468

July 28, 2011

Document Process Desk FIFRA Section 6(a)(2) Office of Pesticide Programs (7504P) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue N.W. Washington, DC 20460

SUBMITTED PURSUANT TO FIFRA § 6(a)(2)

Dear Sir or Madam:

I enclose Voluntary Industry Reporting Forms for 6(a)(2) Incident Information. Please note the following:

Submitter:

McLaughlin Gormley King Company

Registrant:

McLaughlin Gormley King Company

Date Transmitted to EPA:

July 28, 2011

Please contact me if you have any questions.

Very truly yours,

Janice K. Sharp, Ph.D. Regulatory Dept. Manager

JKS/mn

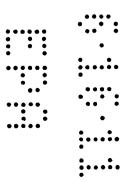
Row 1	Reporter Name		Submission date.	Contact person	n (if diff	ferent than reporter)	Internal ID 799309
Administrative							
Data	Address		<u> </u>	Address			<u> </u>
	New York, NY USA						
	Phone #			Phone #		<u> </u>	
	Incident Status: New	Location and New York, N USA	date of incident	Date registran became aware incident.		Was incident part o	f larger study?
		Chronic: >1 month		06/06/2011			•••••
Row 2 Pesticide(s)	EPA Registration # (Pro 1021-1767	duct 1)	EPA Registration	on # (Product 2)		EPA Registration #	(Product 3)
Involved	A.l. (s) Sumithrin, N-Octyl bicycloheptene dicarboximide		A.I. (s)			A.I. (s)	•••••
	Product 1 name  Bedlam Bed Bug Spray		Product 2 Name		_	Product 3 Name	•
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?			Exposed to concentrate prior to dilution?	
	Formulation		Formulation		1 -	Formulation (avantage)	
Row 3 Incident Circumstances	Evidence label directions were not followed? No nursery/gre commercia woods, agr		e (examples inclus, industrial, enhouse, surface venturf, building/off cultural (specify cultur, highway)).	vater, ice, forest/	includ transp applic formu	ion (act of using proce e mixing/loading, recontation, repair/ main ation equipment, main lating). Incident Description	entry, application, tenance of nufacturing/
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						

### Brief description of incident circumstances.

Ferguson, Anna Jun 6 2011 12:03PM

Hx: Caller states that she has been spraying the product in her bedroom since 5/6/11. She has gone through 4 1/2 containers. About 1 month ago (unsure when), she developed bumpy itchy rash on her neck. This currently persists.

A: This is not an expected effect of using the product per label instructions. Recommend d/c use and washing exposed skin thoroughly. Wash treated surfaces with soap and water and ventilate area. Skin may be treated with cold compress/vit E oil/aloe lotion/hydrocotrisone cream. If sx persist or worsen, seek medical attention. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.



Demographic information:	Exposure route:	Was adverse effect result of	Was protective clothing
Age: 46 Year(s) Sex: Female	Unknown route	suicide/homicide or attempted	worn (specify)?
Occupation (if relevant)		suicide/homicide?	None Reported
NA		No	
If female, pregnant?	Was exposure occupational?	Time between exposure and	
NO	Not indicated	onset of symptoms:	-
	If yes, days lost due to illness:	30 min or less	
	NA		
Type of medical care sought:	List signs/symptoms/adverse effe	ects	If lab tests were performed,
(examples include none, clinic,	Dermatological-Pruritus (itchin	g)	list test names and results (If
hospital emergency	Dermatological-Rash		available, submit 1866rts)
department, private physician,			None Reported.
PCC, hospital inpatient).			
None			
Exposure data: NA			••••
Amount of pesticide: NA			
Exposure duration: Chronic:			••••
>1 week<= 1 month			•••••
Patient weight: Unknown			• • • • • • • • • • • • • • • • • • • •
	4		
Human severity category:			
НС			
771.1		mation currounding the incident	(-11-14/2

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Thierbal ID #\* 799309



Row 1	Reporter Name	<del>-</del> "	Submission date.	Contact person	n (if different than reporter)	Internal ID 799774	
dministrative Data							
	Address			Address			
	MO						
	USA Phone #			Phone #			
	Incident Status:		l date of incident	Date registran became aware		of larger study?	
	New	MO USA Unknown		incident. 06/07/2011	of No		
Row 2	EDA Pagistration # (Pro		FPA Registration		EPA Registration	# (Product 3)	
Pesticide(s)	EPA Registration # (Product 1) 1021-1623-2596		EPA Registration # (Product 2)		DI A Registation	, (troduct 2)	
nvolved	A.l. (s) Pyrethrins, Permethrin, MGK 264, Pyriproxifen		A.I. (s)		A.I. (s)		
	Product I name  HARTZ UltraGuard Plus Flea &  Tick Home Fogger		Product 2 Name		Product 3 Name	Product 3 Name	
	dilution? NA dilution?			centrate prior to	dilution?	ntrate prior to	
	Formulation	Formulation		Formulation Situation (act of using pro	duct): (evamples		
Row 3 ncident Circumstances	Evidence label directions were not followed? Yes Intentional misuse?	e: (examples inclu II, industrial, enhouse, surface v I turf, building/off icultural (specify c tility, highway)).	vater, ice, forest/	include mixing/loading, retransportation, repair/ mai application equipment, ma formulating).  See Incident Description	eentry, application intenance of anufacturing/		
	Applicator certified?  UNK	Own Resid	ence			••••	
	How exposed: (examples include				•	••••	
	direct contact with treated surface,				•	••••	
	ingestion, spill, drift, runoff)				•••	••••	
	See Incident Description Notes	•••••					
						•	
					•	••••	
						·	
					• • • •	•	

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

### Brief description of incident circumstances.

Seaverson, Ryan Jul 21 2011 11:09AM
The following was forwarded to SCI from MGK for documentation:

6/7/2011 3:21:26 PM UG Flea & Tick Fogger

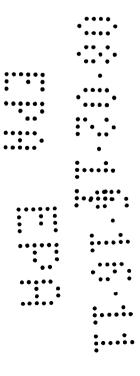
*UPC: NA by caller Lot#: AX36011242 Hartz: 265021* 

### Hx:

- Caller is a nurse from the ER. His patient is a 77yo male who was sleeping and someone set off 3 foggers in his home. He woke up to sxs of labored breathing, redness on the skin on his arms, sore throat, and numb lips. They brought him to the ER and his sxs are improving. He just wants to know what else to look for.

### A:

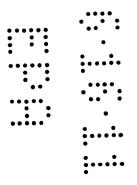
- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.
- Now that he is removed from the source of the fumes and placed in an area with fresh air and adequate ventilation, his sxs should resolve.
- CB prn.



Demographic information: Age: 77 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
f female, pregnant? NA	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  Unable to determine	
Type of medical care sought: examples include none, clinic, nospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-Unknown disposition Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < Black Patient weight: Unknown	List signs/symptoms/adverse eff Dermatological-Erythema/Flus Neurological-Numbness Gastrointestinal-Throat Irritatic Respiratory-Labored breathing	hed	If lab tests were performed, list test names and results (It available, submit reports)  None Reported
Human severity category:			
			••••
			••••
			•••••
			Internal ID # . 799774
			•••
		-	••••

-002

	required information. If requ	ired data field ir		wn, designate as	such in a	appropriate area Pag	e 1 of 3
Row 1  Administrative Data	Reporter Name		Submission date.	Contact person (if different than reporter)		Internal ID 801122	
	Address			Address			<u> </u>
	FIVE POINTS, NM 87 USA	7121					
	Phone # (			Phone #			
	Incident Status: New	Location and FIVE POINT USA Chronic: >1 month	·	Date registran became aware incident. 06/09/2011		Was incident part	of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Pro 1021-1674-8845	duct 1)	EPA Registratio			EPA Registration	# (Product 3)
	A.I. (s)		A.I. (s)			A.I. (s)	
	Product 1 name Hot Shot Bedbug and Flea Fogger		Product 2 Name			Product 3 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?			Exposed to concentrate prior to dilution?	
	Formulation		Formulation			Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse?	yard, school nursery/gree commercial woods, agric	: (examples inclu , industrial, enhouse, surface v turf, building/officultural (specify c ility, highway)).	vater, ice, forest/	includ transp applic formu	ion (act of using prode mixing/loading, reportation, repair/ maintain equipment, and lating).	eentry, application, intenance of antifacturing/
	Applicator certified? UNK	Own Reside				• • • • • •	•
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						
		<u> </u>					



## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

### Brief description of incident circumstances.

Seaverson, Ryan Jul 21 2011 10:58AM
The following was forwarded to SCI from MGK for documentation:

Mark Kole 06/09/11 10:20

S: Caller was using the Hot Shot Bedbug and Flea Fogger 1.5 weeks ago. He used a total of 3 cans. The product was used

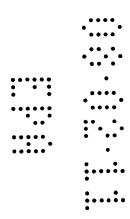
according to labeled instructions. The caller is now having hives every time he puts on his clothes that were exposed to the

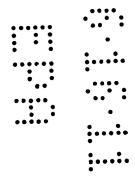
fogger they go away every time he takes his clothes off. The hives are primarily on his abdomen.

O: SX: Hives

A: Acute on chronic dermal exposure to Hot Shot Bedbug and Flea Fogger, SX

R: Recommend washing skin for 15 - 20 minutes
Wash clothing that was exposed
Monitor for dermal irritation
Call back with any persistent symptoms, questions, or concerns





Demographic information: Age: 35 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route:  Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  24 hrs or less	
Type of medical care sought: (examples include none, clinic, nospital emergency department, private physician, PCC, hospital inpatient). None Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: > I week <= I month Patient weight: Unknown	List signs/symptoms/adverse eff Dermatological-Hives/Welts	ects	If lab tests were performed, list test names and results (If available, submit reports)  None Reported
Human severity category: HC			
			Internal ID # 801122
			• •

-004

Row 1	required information. If required Reporter Name		Submission			erent than reporter)	Internal ID
Administrative Data			date.				805777
zata	Address			Address		<del></del>	
	Santa Ana, CA 92704 USA						
	Phone #			Phone #			
	Incident Status: New	Location and Santa Ana, C USA 06/18/2011	date of incident	Date registran became aware incident. 06/18/2011		Was incident part o	f larger study?
Row 2 Pesticide(s)	EPA Registration # (Product 1) 1021-1855-79529		EPA Registration	l on # (Product 2)	·	EPA Registration #	(Product 3)
Involved	A.l. (s)  Pyrethrins, Prallethrin, Cypermethrin	rethrins, Prallethrin,				A.I. (s)	
,	Product 1 name BLACK FLAG One Shot Ant & Roach Killer		Product 2 Name Unknown Raid Product			Product 3 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to conditution? NA	centrate prior to	,	Exposed to concent dilution?	rate prior to
	Formulation	<del> </del>	Formulation				
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	yard, school nursery/gree commercial woods, agri	enhouse, surface v turf, building/off cultural (specify c tility, highway)).	vater, ice, forest/	include transpo applica formul	e mixing/loading, recordation, repair/ main ation equipment, main ating).	entry, application tenance of nufacturing/
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident						••••
	Description Notes					• • • • • • • • • • • • • • • • • • • •	
							•
						•	••••

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Page 2 of 3

Brief description of incident circumstances.

Swedlund, Christy Jun 18 2011 11:56AM

Hx: Caller states that he sprayed the product in the home and outside 4 hours ago. His wife is itching all over her body. She did not come in direct contact with this product.

A: Product has a wide margin of safety. Have your wife take a shower and then apply pure VIT E oil to her skin. Some people may experience slight skin irritation if the product comes into contact. This is transient and is not expected to be systemic. May need to consider other causes. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.

Lane, Erin Jun 19 2011 12:01AM

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Hx: CB from His wife's symptoms have not improved, and now she had hives and erythema over about 50% of her body.

Caller states that he had also sprayed a Raid product this morning.

A: Rec. MD attention due to persistent symptoms.

Rinerson, Andy Jun 19 2011 6:18PM

F/U: Caller reports that his wife's symptoms have not gotten much better. Caller reports that his wife's arms and back are still red, but that she has been scratching at her back 'a lot'. Caller reports that they did not seek medical attention yesterday. Caller reports that his wife also has a productive cough for a cold that she has had for several weeks, with green and yellow phlegm. Caller reports that his wife has had similar reactions in the past, but they are not completely sure as to what. Caller reports that they are hesitant to be seen in an ED, as they were told in the past that his wife was not having a serious reaction. Caller also reports that his wife is complaining of trouble swallowing. Caller wants to know what his wife can do at home for her symptoms.

A: Advised caller that his wife should keep her skin clean and dry to facilitate healing, to use Vitamin E oil privated to use a hydrocortisone cream prn. Advised caller that the symptoms he describes may be indicative of a serious . . . medical condition, and that his wife should be evaluated by a physician. Advised caller that it may be a good idea to have his wife allergy tested as well. Advised caller to call back as needed if they require further preductive formation.

Sioris, Kelly Jun 20 2011 11:12AM Reviewed.

Yeager, Greg Jun 22 2011 3:56PM PJV case

Demographic information: Age: 28 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? No	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms: 8 lirs or less	
Type of medical care sought: (examples include none, clinic, nospital emergency department, private physician, PCC, hospital inpatient). None Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown	List signs/symptoms/adverse eff Dermatological-Erythema/Flus Dermatological-Hives/Welts Dermatological-Pruritus (itchin Dermatological-Tingling Gastrointestinal-Throat Irritati	shed ng)	If lab tests were performed, list test names and results (If available, submit reports)  None Reported
Human severity category:			
			Internal ID # 805777
			••••
			•••••

-005

Row 1 Reporter Name			Submission date.	Contact person	Internal ID 808585		
Data	Address			Address			
	Cumming, GA			Address			
	USA Phone #			Phone #			
	Incident Status:	Location and Cumming, G USA Unknown	date of incident	Date registran became aware incident. 06/24/2011		of larger study?	
Row 2 Pesticide(s)	1021-1600-59144 ticide(s)		EPA Registration	I on # (Product 2)	EPA Registration #	(Product 3)	
Involved			eronate, N-		A.I. (s)		
	Product I name Prevent! Mosquito Repellent		Product 2 Name		Product 3 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?		dilution?	trate prior to	
	Formulation	Formul			Formulation	1	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	yard, schoo nursery/gree commercial woods, agri	e: (examples included in the learn of the le	vater, ice, forest/	Situation (act of using pro- include mixing/loading, re- transportation, repair/ mail application equipment, ma formulating). See Incident Description	entry, application ntenance of nufacturing/	
					••••	<u> </u>	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes				:•	••••	
					******	••••	
						•••••	
					•••••	•	

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

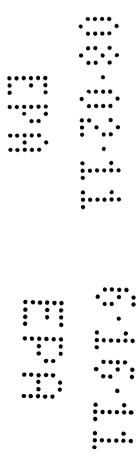
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Welch, Sherry Jun 24 2011 4:58AM 021496 283579

Hx: Product was sprayed on caller's daughter's arms and legs lat week (caller doesn't remember which days) and also during the morning on 6/22. A small rash developed last weekend, and has spread to her arms and legs. One leg feels warm and is swollen. Francesca went to the doctor on Tuesday or Wednesday (6/22). Dr. prescribed 1% hydrocortisone. She is not improving

A: Correlation between product and adverse reaction cannot be definitively made, based on this history. Recommended discontinuing product. Since child is not improving, she should be re-evaluated by her health care provider. Recommended cool bath (can added oatmeal bath treatment, e.g., Aveeno). After bathing put on hydrocortisone cream. Call doctor as soon as they open. Provided reference number in case there are further questions.



Demographic information: Age: 7 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route:  Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  Unable to determine	
Type of medical care sought: (examples include none, clinic, nospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse eff Dermatological-Edema/Swelling Dermatological-Pruritus (itching Dermatological-Rash	g	If lab tests were performed, list test names and results (If available, submit reports)  None Reported
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute</i> < 8hrs Patient weight: <i>Unknown</i>			
Human severity category: HC			
			Internal ID #- 808585
			••••

-000

Row I Reporter Name Administrative Data			Submission date.		n (if different than reporter)	
Data	Address  Bessemer, AL USA			Address		
	Phone #			Phone #		
	Incident Status: New	Location and Bessemer, All USA 06/16/2011	date of incident	Date registran became aware incident. 06/21/2011		of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 1021-1587-68543		EPA Registration	n # (Product 2)	EPA Registration #	(Product 3)
	A.l. (s) tetramethrin, D-phenothrin		A.I. (s)		A.I. (s)	
	Product 1 name Bingo Bug Spray		Product 2 Name		Product 3 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?  Formulation		dilution?	trate prior to
	Formulation				Formulation	dueth (overples
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse?	yard, school nursery/gree commercial woods, agric	l, industrial, enhouse, surface water, turf, building/office, forest/ cultural (specify crop) right-of-		Situation (act of using pro include mixing/loading, re transportation, repair/ man application equipment, man formulating).  See Incident Description	entry, application ntenance of antifacturing/
	Applicator certified? UNK	Own Reside	• • • • • • • • • • • • • • • • • • • •			•••
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)					••••
	See Incident Description Notes					

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

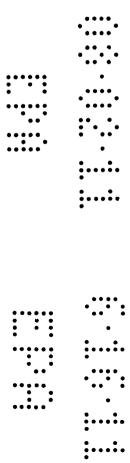
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Gomez, Maria Jun 21 2011 4:25PM

Hx: The caller reports that she is living with a friend temporarily. On 6/16/11, he applied the product to the garbage cans, around the kitchen table, the sink, and in her bedroom. Later that night, she became itchy all over her body and started having trouble breathing. She immediately went to the ER where the Physician thought she may be having a reaction to the medications she had recently been placed on (Prednisone, Clindamycin, Sulindac). She was given an injection of an unk medication and her signs have much improved. She saw her regular Physician today and he has taken her off of the Sulindac. She wants to know if the product could have caused the signs she described.

A: The product is not anticipated to cause a health problem, but an aerosol product may exacerbate your respiratory issues and should be used with caution. I rec to continue your Physician's recommendations and CB or have him/her call with any further concerns. Gave case #.



Demographic information: Age: 59 Year(s) Sex: Female	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
Occupation (if relevant)  NA  If female, pregnant?  NO	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	No Time between exposure and onset of symptoms: Unable to determine	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-treated & released Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown Human severity category: HC	List signs/symptoms/adverse eff Dermatological-Pruritus (itchin Respiratory-Dyspnea/Shortness	ng)	If lab tests were performed, list test names and results (If available, submit reports)  None Reported
This box can be used to provide necessary)	any explanatory or qualifying info	ormation surrounding the incident.	(add additional pages if
			Interna ID # 807316
			•••••

Row 1 Administrative	Reporter Name		Submission date.	Contact persor	n (if dif	appropriate area Page ferent than reporter)	Internal ID 808771-1
Data	Address  Lakeside, CA 92040  USA		Address		ress		
	Phone #			Phone #			
	Incident Status: New	Location and Lakeside, CA USA 01/24/2011	date of incident	Date registran became aware incident. 06/24/2011		Was incident part of No	f larger study?
Row 2 Pesticide(s)	ide(s) 1021-1767			EPA Registration #	(Product 3)		
Involved			A.I. (s)	A.I. (s)		A.I. (s)	
	Product I name  Bedlam Bed Bug Spray		Product 2 Name Transport termicide insecticide manufactured by FMC Corporation		Product 3 Name		
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? NA			Exposed to concentrate prior to dilution?	
	Formulation	<del> </del>	Formulation e: (examples incl	1 1	1 6:	Formulation ion (act of using proc	lust): (avamples
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	yard, schoo nursery/gre commercial woods, agri	I, industrial, enhouse, surface v I turf, building/off icultural (specify o tility, highway)).	vater, ice, forest/	includ transp applid formu	de mixing/loading, recordation, repair/ mais cation equipment, mais alating).	entry, application stanance of nufacturing/
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						•
						•	••••
							••••
						•	••••

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM  Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. The pecame ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. The pecame ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. The pecame ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.
A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.  * * * * * * * * * * * * * * * * * * *
Sioris, Kelly Jun 24 2011 3:14PM Reviewed.

Demographic information: Age: 38 Year(s) Sex: Female Occupation (if relevant)	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
VA  If female, pregnant?  VO	Was exposure occupational?  Not indicated	No Time between exposure and onset of symptoms:	
	If yes, days lost due to illness:	1 week or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).  None	List signs/symptoms/adverse eff Gastrointestinal-Anorexia Gastrointestinal-Nausea Gastrointestinal-Vomiting Miscellaneous-Fever/hyperther		If lab tests were performed, list test names and results (If available, submit reports)  None Reported
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute</i> < 8 <i>hrs</i> Patient weight: <i>Unknown</i>			
Human severity category:			
			Internal ID # 808771-1
			•••••
			• • • • •

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Row 1	required information. If required Reporter Name		Submission			ferent than reporter)	Internal ID 808771-2
dministrative			date.				808//1-2
Data	Address			Address			
	Address	Ī		Address			
	Lakeside, CA 92040 USA						_
	Phone #			Phone #			
	Incident Status: New	Location and Lakeside, CA USA 06/24/2011	date of incident	Date registran became aware incident. 06/24/2011		Was incident part o	f larger study?
Row 2	EPA Registration # (Pro	EPA Registration # (Product 1) 1021-1767		EPA Registration # (Product 2)		EPA Registration #	(Product 3)
Pesticide(s) Involved							
	A.l. (s) Sumithrin, N-Octyl bicy dicarboximide	vcloheptene	A.I. (s)	. (s)		A.I. (s)	
	Product 1 name		Product 2 Name			Product 3 Name	
	Bedlam Bed Bug Spray		Transport termicide insecticide manufactured by FMC Corporation				
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? NA			Exposed to concentrate prior to dilution?	
	Formulation	T	Formulation	1. 1	l Cinca	Formulation	lust): (avamples
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse?	yard, school nursery/gree commercial woods, agri	e: (examples included in the land in the l	water, ice, forest/	includ transp applid formu	tion (act of using production (act of using production, repair/ main cation equipment, main lating).	entry, application tenance of nufacturing/
	Applicator certified? UNK	Own Reside				•	•
	How exposed:	<del>-</del>					•••
	(examples include direct contact with treated surface,					:	•
	ingestion, spill, drift, runoff)  See Incident						••••
	Description Notes					•••••	• • •
							••••
						••••	••••
						•••••	•
						:	••••

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

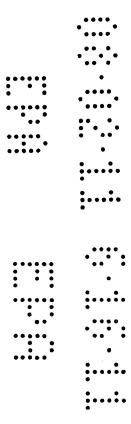
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Page 2 of 3

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM
Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product
called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of
February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had
contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was
'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up
developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband
became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. Least became ill on Feb 6th with
the same sxs. He missed school on Feb 7th, 8th, and 9th. became ill on the 7th of Feb. She missed school
on Feb 7th, 8th, 9th. became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like
sxs. Caller states she will have her neighbor call to report her sxs as well.

Sioris, Kelly Jun 24 2011 3:14PM Reviewed.



Demographic information: Age: 40 Year(s) Sex: Male	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)?
Occupation (if relevant)		Suicide/nomicide?	None Reported
NA If female, pregnant? NA	Was exposure occupational?  Not indicated  If yes, days lost due to illness:	Time between exposure and onset of symptoms:  I month or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).  None Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown	NA List signs/symptoms/adverse eff Gastrointestinal-Anorexia Gastrointestinal-Nausea Miscellaneous-Fever/hyperther Miscellaneous-Malaise		If lab tests were performed, list test names and results (It available, submit reports)  None Reported
Human severity category:  HC	_		
			Internal ID #
			808771-2

part of -007

Row 1	required information. If req Reporter Name		Submission			erent than reporter)	Internal ID 808771-3	
Administrative			date.				808//1-3	
Data	Address			Address	<del>.</del> .	<u> </u>		
	Lakeside, CA 92040 USA							
	Phone #			Phone #				
	Incident Status: Location and		date of incident Date registrant		Was incident part o	f larger study?		
	New Lakeside, CA USA		became aware of incident.		01	No		
		01/24/2011		06/24/2011				
Row 2	EPA Registration # (Product 1) 1021-1767		EPA Registration # (Product 2)			EPA Registration #	(Product 3)	
Pesticide(s) Involved					_			
	A.l. (s) Sumithrin, N-Octyl bicycloheptene dicarboximide		A.I. (s)	A.I. (s)		A.I. (s)		
	Product 1 name		Product 2 Name			Product 3 Name		
	Bedlam Bed Bug Spray		Transport termicide insecticide manufactured by FMC Corporation					
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? NA			Exposed to concentrate prior to dilution?		
	Formulation	1	Formulation		Cityati	Formulation on (act of using prod	uct): (avamples	
Row 3	Evidence label directions were not	yard, schoo	e: (examples incl l, industrial,	ude nome,		e mixing/loading, red		
Incident	followed? No	nursery/gree	enhouse, surface v			ortation, repair/ maff		
Circumstances	Intentional misuse? No	woods, agri	turf, building/off cultural (specify o		formu	ation equipment, mai	•	
	Applicator certified?		tility, highway)).	See		e Incident Description Notes		
	UNK	Own Reside	ence			••••	•••	
							•••	
	How exposed:					••••	•	
	(examples include direct contact with					•	••••	
	treated surface,	•••••						
	ingestion, spill, drift,					•		
	runoff) See Incident							
	Description Notes						••••	
		1				•	:	
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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Brief description of meldent enganistances.		
Karnes, Megan Jun 24 2011 1:04PM  Caller states that her apartment was sprayed with the product on Jan 28th 2 called 'Transport' termiticide insecticide manufactured by FMC Corporatio February she developed flu like sxs, nausea, vomiting, hyperthermia and did contracted with a company to spray the building for bed bugs. Caller states to 'sopping wet' and they did not ventilate the area before her family returned developing similar sxs. Her neighbor's family experienced similar sxs around became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and ano the same sxs. He missed school on Feb 7th, 8th, and 9th.  became ill on Feb 8th, 9th.  became ill on Feb 9th, 10th and she went to em sxs. Caller states she will have her neighbor call to report her sxs as well.	n was also sprayed. On the 4th of dn't want to eat. The building owne that they oversprayed as her couch to the area. Her whole family ended the same time frame. Her husbarrexia. became ill on Feb 6ti ill on the 7th of Feb. She missed so	r had was d up nd h with
A: These are not sxs that we would expect to see with the routine use of the ensure that this gets reported. We appreciate you taking the time to report the seriously and we will be sure to pass the information along.	product. I will document your sxs a is. The company takes these report	ind s very
Sioris, Kelly Jun 24 2011 3:14PM Reviewed.		
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A / 17 / 10 3/1	Exposure route:	Was adverse effect result of	Was protective clothing
Age: 6 Year(s) Sex: Male	Inhalation/Respiratory	suicide/homicide or attempted suicide/homicide?	worn (specify)?  None Reported
Occupation (if relevant)		No	None Reported
VA f female, pregnant?	Was exposure occupational?	Time between exposure and	†
VA	Not indicated	onset of symptoms:	
***	If yes, days lost due to illness:	1 month or less	
	NA		
Type of medical care sought:	List signs/symptoms/adverse ef	fects	If lab tests were performed,
examples include none, clinic,	Gastrointestinal-Anorexia		list test names and results (If
nospital emergency	Gastrointestinal-Nausea		available, submit reports)
department, private physician,	Miscellaneous-Fever/hyperthe	rmia	None Reported
PCC, hospital inpatient). <b>None</b>	Miscellaneous-Malaise		
Exposure data: NA	†		
Amount of pesticide: NA			ļ
Exposure duration: Acute <			
8hrs			
Patient weight: <i>Unknown</i>			
Human severity category:	1		
HC			
			laternal ID # 308771 3
			laternal ID #

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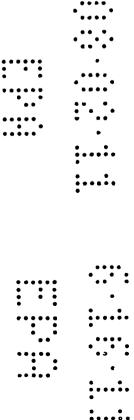
Row 1	Reporter Name		Submission	Contact persor	n (if dif	ferent than reporter)	Internal ID
			date.				808771-4
dministrative							
Data	A 11			Address			
	Address			Address			
	Lakeside, CA 92040						
	USA						
	Phone #		Phone #				
	Incident Status:	Location and	date of incident	Date registran	t	Was incident part o	f larger study?
	New	Lakeside, CA	1	became aware	of	No	
		USA		incident.			
		01/24/2011		06/24/2011			
	EDA Desistantian # (Des		EPA Registration	n # (Product 2)		EPA Registration #	(Product 3)
Row 2	EPA Registration # (Pro	oduct 1)	EPA Registratio	on # (Product 2)		EFA Registiation #	(Froduct 3)
Pesticide(s)	1021-1707						
nvolved							
	A.I. (s)		A.I. (s)			A.I. (s)	
	Sumithrin, N-Octyl bic	ycloheptene					
	dicarboximide						
	Product 1 name		Product 2 Name			Product 3 Name	
	Bedlam Bed Bug Spray			Transport termicide insecticide		Troduct 5 Trume	
	Beatam Bea Bug Spray		manufactured by FMC Corporation			on	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution? NA		Exposed to concent	rate prior to	
					·	dilution?	
	Formulation	1	Formulation		Cityot	Formulation	lust): (avamples
Row 3	Evidence label directions were not	yard, schoo	e: (examples inclu	ide nome,		tion (act of using prod de mixing/loading, rec	
Incident	followed? No		i, industriai, enhouse, surface v	vater.		oortation, repair/ main	
Circumstances	Intentional misuse?		turf, building/office, forest/ applic		cation equipment, mai		
	No	woods, agri	cultural (specify o			ılating).	• •
	Applicator certified?		7, 0 7,		See I	e Incident Bescription Notes	
	UNK	Own Reside	ence				
	O VA					3.	. •.
						*****	••
	How exposed:					•	•
	(examples include direct contact with					••	C • • •
	treated surface,	• •					• • • •
	ingestion, spill, drift,					•	
	runoff)						
	See Incident						
	Description Notes						
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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM  Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. The became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. The became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. The became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.
A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very
seriously and we will be sure to pass the information along. * * * * * * * * * * * * * * * * * * *
Reviewed.



Demographic information: Age: 8 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  I month or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). None Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown Human severity category:	List signs/symptoms/adverse eff Gastrointestinal-Anorexia Gastrointestinal-Nausea Gastrointestinal-Vomiting Miscellaneous-Fever/hyperther Miscellaneous-Malaise		If lab tests were performed, list test names and results (If available, submit reports)  None Reported
НС	any explanatory or qualifying info	rmation surrounding the incident.	(add additional pages if
			•••••
			•••••
			ใก้เลากล ID # 8 <i>0</i> 8 <i>771-4</i>
			••••
			<b>::</b>

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Row 1 Administrative	Reporter Name			Submission date. Contact person (if d		ferent than reporter)	Internal ID 808771-5
Data	Address  Lakeside, CA 92040			Address			
	USA						
	Phone # (		Phone #  I date of incident Date registran		t Was incident part of larger stud		f larger study?
	Incident Status: New	Location and date of incident Lakeside, CA USA 01/24/2011		became aware of incident.  06/24/2011		No	
Row 2 Pesticide(s)	EPA Registration # (Product 1) 1021-1767		EPA Registration # (Product 2)			EPA Registration # (Product 3)	
Involved	A.l. (s) Sumithrin, N-Octyl bicycloheptene dicarboximide		A.I. (s)			A.I. (s)	
	Product 1 name  Bedlam Bed Bug Spray		Product 2 Name Transport termicide insecticide manufactured by FMC Corporation		Product 3 Name		
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? <i>NA</i>			Exposed to concentrate prior to dilution?	
	Formulation Formulation			Formulation			
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified?	e: (examples include home, l, industrial, enhouse, surface water, turf, building/office, forest/cultural (specify crop) right-oftility, highway)).		Situation (act of using product): (examples include mixing/loading, reentry, application transportation, repair/ maintenance of application equipment, maintenance of formulating).  See Incident Description Notes			
	UNK	Own Reside	ence			••••	•••
	How exposed: (examples include direct contact with	••••					
	treated surface, ingestion, spill, drift, runoff) See Incident Description Notes	•••••					
						*****	••••
							•
						•••••	••••
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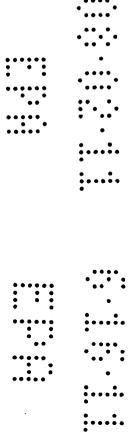
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Page 2 of 3

Brief description of incident circumstances.

Karnes, Megan Jun 24 2011 1:04PM  Caller states that her apartment was sprayed with the product on Jan 28th 2011. At the same time, another product called 'Transport' termiticide insecticide manufactured by FMC Corporation was also sprayed. On the 4th of February she developed flu like sxs, nausea, vomiting, hyperthermia and didn't want to eat. The building owner had contracted with a company to spray the building for bed bugs. Caller states that they oversprayed as her couch was 'sopping wet' and they did not ventilate the area before her family returned to the area. Her whole family ended up developing similar sxs. Her neighbor's family experienced similar sxs around the same time frame. Her husband became ill on Feb 8, 9 and 10 with temperature, vomiting, malaise, and anorexia. became ill on Feb 6th with the same sxs. He missed school on Feb 7th, 8th, and 9th. became ill on the 7th of Feb. She missed school on Feb 7th, 8th, 9th. became ill on Feb 9th, 10th and she went to emergency room on Feb 11th for flu-like sxs. Caller states she will have her neighbor call to report her sxs as well.
A: These are not sxs that we would expect to see with the routine use of the product. I will document your sxs and ensure that this gets reported. We appreciate you taking the time to report this. The company takes these reports very seriously and we will be sure to pass the information along.
Sioris, Kelly Jun 24 2011 3:14PM Reviewed.



Demographic information: Age: 1 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms:  I month or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).  ER/Hospital-treated & released	List signs/symptoms/adverse eff Gastrointestinal-Anorexia Gastrointestinal-Nausea Miscellaneous-Fever/hyperther Miscellaneous-Malaise	If lab tests were performed, list test names and results (lavailable, submit reports)  None Reported	
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute</i> < 8 <i>hrs</i> Patient weight: <i>Unknown</i>			
Human severity category:  HC	-		
			Internal ID # 80877125
		·	•••••

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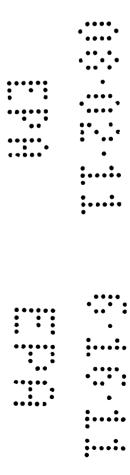
Row 1		ca aata Held I	Submission		such in appropriate area Pan (if different than reporter		
Kow I	Reporter Name		date.	Contact perso	n (ii different than reporter	811245	
Administrative							
Data	Address			Address			
	Address			Address			
	Chatanooga, TN						
	USA Phone #		<del></del>	Phone #			
			I date of incident Date registran		t Was incident part of larger study?		
	New		Chatanooga, TN VSA		of <i>No</i>		
		USA 06/28/2011					
			06/29/2011				
Row 2	EPA Registration # (Pro	duct 1)	EPA Registration	n # (Product 2)	EPA Registration	# (Product 3)	
	1021-1855-506						
Pesticide(s) Involved							
IIIvoived	A.I. (s)	A.I. (s)		A.l. (s)	A.I. (s)		
	Pyrethrins, Prallethrin, Cypermethrin						
	Product 1 name		Product 2 Name		Product 3 Name	Product 3 Name	
	TAT Power-Jet Stream with						
	Residual Action						
	Exposed to concentrate prior to		Exposed to concentrate prior to				
	dilution? NA		dilution?		dilution?  Formulation		
Row 3	Formulation  Evidence label Incident site:		Formulation : (examples include home, S			Situation (act of using product): (examples	
KOW 3	directions were not		l, industrial,	ide nome,	include mixing/loading,	de mixing/loading, reentry, application	
Incident	followed? No	nursery/greenhouse, surface v					
Circumstances	Intentional misuse?		I turf, building/office, forest/ icultural (specify crop) right-of- ttility, highway)).		application equipment, manufacturing/ formulating).		
					See Incident Description Notes		
	Applicator certified?  UNK	Own Reside			••••	••••	
	O/VK				•••		
	How exposed:		· · · · · · · · · · · · · · · · · · ·		••••	•	
	(examples include					••••	
	direct contact with					•	
	treated surface, ingestion, spill, drift,						
	runoff)						
	See Incident						
	Description Notes						
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## Brief description of incident circumstances.

Ferguson, Anna Jun 29 2011 9:51AM

Hx: Caller states that she picked up a product container yesterday, at which time product 'dripped' out of the container, and somehow got into her mouth (caller is unclear on how this happened). She developed numbness in her tongue, and is currently having numbness in her arm.

A: The product may be irritating to the mouth or upsetting to the stomach, but is not expected to cause dermal sx unless in contact with skin. Recommend contacting MD to r/o other possible causes. Cb any time for further assistance.



Demographic information: Age: 25 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Ingestion/oral	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational?  Not indicated  If yes, days lost due to illness:  NA	Time between exposure and onset of symptoms:  Unable to determine	
Type of medical care sought: examples include none, clinic, nospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < Blirs Patient weight: Unknown	List signs/symptoms/adverse eff Neurological-Numbness	ècts	If lab tests were performed, list test names and results (If available, submit reports)  None Reported
Human severity category:  HC  This box can be used to provide necessary)	any explanatory or qualifying info	rmation surrounding the incident.	(add additional pages if
			••••
			••••
			•••••
			Internal ID #
	·		
			•••••